

Minutes
CDC/ATSDR Occupational Health & Safety Committee
OHSC Retreat, January 17-18, 2001
Simpsonwood Conference Center

In Attendance: January 17: Kathi Kellar (Chair), NCID; Amanda Stoddard (Vice-Chair), ATSDR; Bob Hill (Executive Secretary), OHS; Kyle Bachmeier (Recorder), OHS; Cheryl Goodridge, AFGE; Freida Quarles, DCMO; Thomas Gardner, FEO; Harry Marsh, FPPMO; Wilma Thornton, HRMO; Kymber Williams, NCCDPHP; Dave Poehler NCCDPHP; Joyce Rodriguez, NCEH; Mark Jackson, NCIPC; Frank Godbey, NIOSH (Cincinnati); Joanne Jones, OHS; Richard Green, OHS; Jean Gaunce, OHS; Bud Zebehazy, PSA; and Len Schmanski, PSA.

January 18: Kathi Kellar (Chair), NCID; Amanda Stoddard (Vice-Chair), ATSDR; Bob Hill (Executive Secretary), OHS; Kyle Bachmeier (Recorder), OHS; Cheryl Goodridge, AFGE; Jerry Gardner, FEO; Harry Marsh, FPPMO; Dave Poehler, NCCDPHP; Kymber Williams, NCCDPHP; Joyce Rodriguez, NCEH; Mike McDonough, NCID; Mark Jackson, NCIPC; Frank Godbey, NIOSH (Cincinnati); Richard Green, OHS; Jim Roppo, PHPPO; and Bud Zebehazy, PSA.

CIOs with Members not Attending: EPO, NCHSTP, NIP, OD, OHC, and RPSMA.

1. Wednesday, January 17, 2001

A. Welcome

The retreat began with a welcome and introductions of Chair and Vice-Chair, Kathi Kellar and Amanda Stoddard respectively, by Bob Hill. He asked the committee members to introduce themselves and mention the organization they represented. Following the introductions, Bob Hill explained that the CDC/ATSDR Occupational Health and Safety Committee has a considerable impact on the health and safety of CDC employees and he appreciated the members' commitment. Next, Bob Hill introduced Jonathan Richmond, the Office of Health and Safety's Director, who gave the committee its charge for the coming year.

B. Committee Charge

Dr. Richmond described his background as a research virologist, a biosafety professional at NIH, and eventually as the Director of CDC's Office of Health and Safety. He continued by describing the evolution of CDC's Office of Health and Safety as it went from the Office of Biosafety with 12 FTEs to the Office of Health and Safety with 50 FTEs. The Office's expansion included adding a chemical and physical hazards branch, an environmental safety section, and it operating the clinic, EAP, and Lifestyle programs. In addition, a number of employee-based committees have emerged and become significant contributors to the safety and wellness of CDC employees. He described those committees, the roles they played in past health and safety initiatives, and the roles they

will play in the future.

Dr. Richmond explained the “traditional safety paradigm” under which the CDC has generally operated. As a broad CDC policy, management stated that CDC will be a safe environment. Various rules and regulations come out of agencies, like OSHA, NRC, etc., to ensure employee safety. The Office of Health and Safety then sets out to maintain a safe environment and comply with those regulations. CDC management, administrators, and supervisors are the first line in supporting health and safety initiatives. Then, the individual employees are responsible for fostering a safe environment by leading by example and mentoring new employees. Groups of employees, such as unions and committees, contribute to the process as well. This traditional paradigm is a top down process that results from regulations/rules designed to protect against worst case scenarios. Unfortunately, as a result, an institution-wide cynicism develops about new rules/regulations because employees are burdened by so many rules.

Instead, Dr. Richmond charged the committee with developing a new “integrated safety model”. The committee should develop new ideas and approaches to safety issues that come from the inside out. This was an excellent opportunity for such an approach because all the members of this committee see dilemmas from an employee perspective (as opposed to OHS’s perspective). He charged the committee to come up with new, proactive solutions and develop ways to share those ideas with others in the organization.

C. Background Information

Kathi Kellar thanked Dr. Richmond for his presentation and challenge to the committee. Next, the committee briefly reviewed some important documents that had been provided to the members (Attachment A). Kathi Kellar started with the committee’s charter. She went over some of the important elements and asked that all the members review it at length to identify any questions, comments, or concerns. The group decided that a discussion of all the questions, comments, and concerns should be an agenda item for the February meeting.

Bob Hill reiterated some of the information Dr. Richmond relayed regarding the roles of the various CDC/ATSDR committees. He also commented on information from 29 CFR Part 1960. This was the OSHA regulation that mandates that the CDC/ATSDR Occupational Health and Safety Committee exist. The highlights he emphasized were that the committee should “monitor and assist an agency’s safety and health program...maintain an open channel of communication between employees and management concerning safety...(and) assist agency management to improve policies, conditions, and practices.”

During this discussion, Dave Poehler inquired about how he, as a member of this committee, went about monitoring health and safety programs. How did a member of this committee return to his constituents and enforce the various policies and programs that the committee and OHS have developed? He thought it might be helpful if there were some tools, for example a checklist, that could be used to aid in monitoring and enforcement. Bob Hill and Kathi Kellar explained that enforcement was the responsibility of the supervisors and that the committee and OHS were here to support and advise. There was a lengthy discussion among committee members about the roles that OHS, supervisors, the OHSC, and management should play in monitoring and enforcing safety.

Following the discussion, Kathi Kellar reviewed the 2000 Annual Report submitted by last year's Chair, Bill Morrill. She touched on a number of issues that the committee addressed last year, including implementation of the Corridor policy, Ergonomic policy, Work Force Safety Training policy, and improving the OhASIS website. After a break, an OHS representative was going to give a more detailed update on some of these issues.

D. Status of Policies

Jean Gaunce, Chief of OHS's Industrial Hygiene Section, distributed a handout that evaluated the CDC/ATSDR ergonomic program. She described her section's efforts to comply with the CDC/ATSDR Ergonomics Policy and new OSHA ergonomic standards. Last year, over 1100 workstations were assessed by a contractor and recommendations for improving those workstations were provided to each CIO. Currently, any person experiencing possible work-related musculoskeletal disorders may contact the Industrial Hygiene Section, OHS, and request an ergonomic evaluation. Employees may also visit the clinic to receive initial treatment, where they will be referred to the OHS for an evaluation. Jean Gaunce explained that their limited resources made it difficult to handle the current workload and were fearful that additional advertisement of the program would swamp their office. The group discussed this problem and inquired as to how the committee could improve the current situation. No agreement was reached and it was decided further discussion and information would be needed.

Joanne Jones, from OHS's Laboratory Safety Branch, distributed copies of the Corridor Policy and noted that a copy of the Corridor implementation plan could be found on the OHS website. She commented that there were large problems in implementing the policy in the office spaces, but the plan was fairly effective for the lab areas. She described some of the processes that were occurring with the moves to building 17 and the laboratory backfill. There were some problems getting old furniture and equipment excessed, and some of the lab areas were a little messy at the current time. However, the appropriate people have been contacted and the implementation plan stretched out to accommodate some of those problems. An additional problem in the office areas in leased space was there were no regular walk-throughs and inspections as required by the policy. Inspections were done by the guard staff at CDC-owned facilities, but there was no such arrangement for the leased areas. The committee discussed some of the issues Joanne Jones illucidated and discussed possible solutions. Frank Godbey added that the Corridor Policy applies to Atlanta area facilities exclusively. He hoped the committee could expand the policy to cover all CDC/ATSDR facilities.

Joanne Jones also distributed a handout on the CDC/ATSDR Annual Health and Safety Survey Program. She explained that these surveys were to be conducted on a yearly basis throughout CDC. However, for the past couple years only the laboratory areas have been surveyed. She suggested the members review this document and encouraged them to consider taking on this program.

Richard Green, from the OHS's Training Activity, distributed a handout with information on the status of the Health and Safety training at CDC. He stated that the Safety Training Policy amendment was about to be signed and incorporated into the current policy. He felt the number of classes offered and class enrollment demonstrated that the safety

training message was well disseminated. Richard Green also discussed some of the training opportunities that are going to be available online in the near future.

Bob Hill concluded the policy status reports by saying that the Visitors in the Workplace Policy was being presented to the EPC. Depending on the response from the EPC, there may be revisions made to the policy or it may go to the Director, CDC, for his endorsement.

Kathi Kellar and Amanda Stoddard ended the afternoon by inviting suggestions for issues the committee wanted to address in the coming year. There were a number of comments and discussions. Some of the issues included, OHSC involvement in disseminating health and safety information, expanding the corridor policy, fire prevention policy, HRMO statement for Training amendment, and flammable storage cabinets.

2. Thursday, January 18, 2001

A. Introductions

Kathi Kellar welcomed the group back for the second day of the retreat. Again, she thanked the members for their participation and commitment to protecting the health and safety of their fellow employees. She asked that all the members present introduce themselves and state the CIO they were representing.

B. Continue Discussions and Brainstorming Activities for 2001

Following introductions, Kathi Kellar reviewed all the issues that had been discussed the previous day. They included:

1. Training policy follow-up.
2. Visitors in the workplace follow-up and dissemination plan.
3. Ergonomics policy and addressing obstacles in the implementation.
4. Corridor policy: expanding CDC-wide and problems with the implementation.
5. Problems with space heaters and other fire prevention activities.
6. Fire prevention policy.
7. Dissemination of health and safety information. One idea involved delivering paper copies of relevant policies to each mailstop.

She opened the floor up for additional suggestions and discussions on the topics listed above. There was a considerable amount of discussion about fire safety and fire prevention activities that needed to take place at CDC. Bob Hill informed the committee that Frances Hardy-Bennett was developing a comprehensive fire safety policy. The committee asked that she attend the next OHSC meeting and give a briefing on her policy. From that information, the committee would be able to decide if there were additional fire safety issues they needed to pursue.

There was discussion about how to improve the implementation of the corridor policy. Mike McDonough voiced concern that implementation of this policy would be extremely difficult because there were no resources to support it. The group discussed potential solutions. Dave Poehler suggested a policy that came into effect anytime CIO's were moving. This way there would be a list of health and safety issues that the leaving and

back-filling groups would have to address before they could move. Joyce Rodriguez added that the Corridor policy could simply be incorporated into this moving policy by reference. The discussion continued about some of the shortcomings of this and other potential solutions. Although no solution was agreeable to all, there was agreement that RPSMA, DCMO, and FPPMO needed to be involved in any moving policy and that there needed to be safety officer (FTE or collateral duty) assigned responsibility for enforcement in each CIO.

There was additional discussion on the Safety Training policy and the need for access to records that track which employees have taken the necessary courses. The committee agreed that there needed to be a CDC-wide approach to maintaining and accessing this data.

Frank Godbey suggested that the committee develop a comprehensive environmental policy. The policy would deal with air quality issues, pollutants, surveys, etc. There was some discussion among the committee on this topic and it was added to the list of potential issues the committee will address in the next year.

Bob Hill mentioned issues that had come up in the Office of Health and Safety that the committee members might find interesting and useful for the coming year. The first was developing a policy for reproductive hazards in the workplace. There had been instances in the past where a pregnant individual was unsure whether their workplace posed additional hazards for the unborn child. Currently, CDC does not have a method for dealing with these potentially confrontational situations, but the committee may be able to develop some guidelines. The second issue was creating an awards system to recognize groups and individuals who have contributed to the health and safety of CDC/ATSDR. There was considerable support for that among the committee members. The third suggestion was that the committee create a way to monitor CDC/ATSDR health and safety initiatives. Because they had a different perspective than OHS, the committee members may be able to more accurately evaluate certain elements of health and safety programs.

After these issues were identified, the committee discussed which ones they felt the group should take on this year. It was agreed that the fire prevention issue should be an agenda item for the first meeting. Following Frances Hardy-Bennett's presentation, the committee will decide if further action is warranted. It was also agreed that the awards program should be a continuing agenda item and committee members could nominate potential recipients at the monthly meetings. There was a suggestion to put a number of issues (Corridor policy, ergonomics implementation, etc) into a single subcommittee because independently there was not enough work for an entire subcommittee. After the discussions, committee members voted on the issues they felt most pressing or appropriate for the committee to address. The top three were reproductive hazards, health and safety communication, and the conglomerate policy monitoring.

All the members present were asked to sign up to serve on one of these three subcommittees. The members are: **NOTE: Additional members have been added to the subcommittees since the retreat.**

OHSC Policy Monitoring Subcommittee:

Cheryl Goodridge
Harry Marsh
Bud Zebehazy
Kyle Bachmeier

Frank Godbey
Jim Roppo
Len Schmanski

Reproductive Hazards Subcommittee:

Bob Hill
Joyce Rodriguez
Lynn Altmiller

Mark Jackson
Pattie Simone
Doris Pattillo

Health and Safety Communication Subcommittee:

Kymber Williams
Jerry Gardner
Dave Poehler

Richard Green
Mike McDonough
Freida Quarles

The subcommittees then broke out and began developing goals and planning their course of action for the next year.

C. Subcommittee Presentations

Reproductive Hazards Subcommittee:

Mark Jackson was identified as the Chair and the members were Bob Hill and Joyce Rodriguez. The subcommittee's goal is to develop a comprehensive Reproductive Health Policy for CDC/ATSDR employees. An additional sub-goal was to define the scope of this policy. The objectives for the subcommittee:

1. Hold subcommittee meetings as needed to develop policy
2. Review all available information
 - a. Current policies from other agencies/companies
 - b. Legal requirements, background
 - c. Product limitation searches
 - i. Respirators not recommended for use by pregnant women.
 - d. Other information, OHS other sources
3. Identify available resources from within CDC
 - a. OHS
 - b. CDC legal department
 - c. Division of Reproductive Health, etc.
4. First draft to OHSC at June 2001 meeting
5. Seek legal input and clearance
6. Comments from OHSC by July 2001 meeting
7. Final draft to Director of OHS by December 2001

Proposed inclusions:

1. Chain of Action
 - a. Documentation of pregnancy – Inform supervisor
 - i. Written
 - ii. Verbal
 - iii. Confidentiality

- b. Contact OHS for a workplace risk assessment
- 2. Decision Making (by affected employee)
 - a. Options
 - i. Status quo
 - ii. Job change
 - iii. Leave of Absence, FMLA
 - iv. Resignation
 - b. Counseling available through CDC resources; EAP, ADR, clinic, etc.

Next Sub-Committee Meeting: Feb 16th, Koger Center, Yale Building conference room.
2:00pm

OHSC Policy Monitoring Subcommittee:

Bud Zebehazy was identified as the Chair and the members include Cheryl Goodridge, Harry Marsh, Jim Roppo, Frank Godbey, Kyle Bachmeier, and Len Schmanski. The subcommittee will meet regularly and work in teams to address the numerous issues assigned to it. The subcommittee suggested this subcommittee become a standing OHSC subcommittee because of the numerous policies developed and the need for follow-up. The subcommittee presented the following information:

- Goals:
- 1. Determine the status of the policies.
 - 2. Determine the status of implementation of the policies.
 - 3. Identify significant problems with the implementation processes.
 - 4. Identify solutions to the implementation problems.

Actions:

Goal 1: Status of the policies

- a. Training amendment needs to be signed.
- b. Expand the Corridor policy to include all CDC locations.
- c. Incorporate any EPC comments on the Visitors in the Workplace policy and get it signed by Dr. Koplan.
- d. Ergonomics policy is complete.

Goal 2-4: Status of Implementation/Problems with implementation

- a. Safety Training
 - i. There needs to be a comprehensive database developed to monitor who has completed training requirements. The database needs to incorporate contractors and non-FTEs.
 - ii. Work with PGO to have a safety training requirement put into each contract at CDC.
- b. Corridor Policy
 - i. Identify someone within each center or building to be responsible for monitoring adherence to the policy. Until the 2002 budget initiative has been approved/denied, it was suggested that it be a collateral duty assignment.
 - ii. Develop implementation plan for non-Atlanta locations
- c. Visitors in the Workplace
 - i. Owned buildings will be monitored by guard staff to ensure adherence.
 - ii. Need a similar apparatus for leased buildings and determination on how after-hours situations will be handled.

- d. Ergonomics Policy
 - i. Improve or create a new method for collecting information on what equipment has been purchased from the recommendations.
 - ii. Develop a checklist for the implementation time line. Use that checklist as an evaluation tool.

Health and Safety Communication Subcommittee:

Kymber Williams was identified as the Chair and the members are Jerry Gardner, Dave Poehler, Richard Green, and Mike McDonough. The subcommittee presented the following information:

- Goals:
- 1. Review current policies and procedures that are relevant for CDC staff.
 - 2. Work with OHS to update the information and make it user friendly.
 - 3. Evaluate the best methods for distribution to staff (e.g. web, desk top, manual, icon, etc.).
 - 4. Add basic safety references to the CDC phone directory.
 - 5. Set a FAQ directory that links to the policy/procedures documents.
 - 6. Develop a listing of safety promotion products (e.g. checklists, book marks, flip charts) that would provide safety info for staff.
- Action:
- 1. Work with OHS staff, IRMO, MASO on systems issues for implementation.
 - 2. Action plan will be ready by May, 2001 meeting.
- Committee Task:
- Prepare a proposal to Dr. Koplan/OD to support OHS/CIOs in the following ways:
- 1. Increase funds
 - 2. FTEs/staff
 - 3. Resources
 - 4. Enforcement authority
 - 5. Training staff and courses

With the presentations completed, Kathi Kellar and Bob Hill thanked everyone for their obvious hard work over the day and half. They also expressed their pleasure with the committee's direction and commitment. The meeting adjourned at 3:45 P.M.

Future Meetings: **February 22, 2001, 2:30 - 4:00 P.M.**
 Chamblee Building 102
 Conference Room 2201

Attachment A

Initial Package of Handouts for Retreat

- 1. Retreat Agenda
- 2. Committee Charter
- 3. Committee Member Functions

4. 2000 OHSC Annual Report
5. 2001 OHSC Member List
6. OSHA Part 1960 - Basic Program Elements for Federal Employees
7. OSHA Part 1960 - Occupational Health and Safety Committees

Additional Handouts Provided at the Retreat

8. Evaluation of the Ergonomics Program at the Centers for Disease Control and Prevention
9. Corridor Use and Safety Policy (accessible at <http://intranet.cdc.gov/maso/mpb/samg25.htm>)
10. CDC/ATSDR Annual Health and Safety Survey Program (accessible at <http://intranet.cdc.gov/ohs/POLICIES/Health%20Survey.htm>)
11. Computer Based Safety Training - Safety Survival Skills